

Case Name Daleson Enterprises, LLC d/b/a Jones County Rest Home

Case Number 05-50095 For Period March 1 to March 31,20 07

THIS REPORT IS DUE 15 DAYS AFTER THE END OF THE MONTH. The debtor must attach each of the following forms unless the United States Trustee has waived the requirement in writing. File with the court and submit a paper copy to UST with an original signature.

Form Attached	Previously Waived	REQUIRED REPORTS/DOCUMENTS
(mark only one - attached or waived)		
{X}	{ }	Comparative Balance Sheet (FORM 2-B)
{X}	{ }	Profit and Loss Statement (FORM 2-C)
{X}	{ }	Cash Receipts and Disbursements Statement (FORM 2-D)
{X}	{ }	Supporting Schedules (FORM 2-E)
{X}	{ }	Narrative (FORM 2-F)
{X}	{ }	Copies of Bank Statement(s) and Reconciliations of Bank Balance to Book Balance for all Account(s)

I declare under penalty of perjury that the following Monthly Operating Report and any attachments thereto, are true and correct to the best of my knowledge and belief.

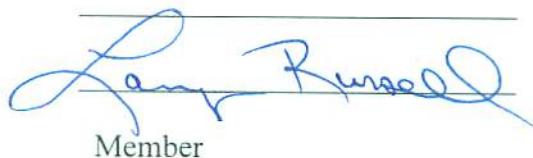
Executed on: 4-30-07 Debtor(s)\* Daleson Enterprises, LLC  
(date) d/b/a/ Jones County Rest Home

By:\*\*

Position:

Name of preparer:

Telephone No. of Preparer 601-758-1989



Sandy Lindsey  
Member

\* both debtors must sign if a joint petition

\*\* for corporate or partnership debtor

CASE NUMBER: 05-50095

## COMPARATIVE BALANCE SHEET

ASSETS:

## CURRENT ASSETS:

	Month 9/30/06	Month 10/31/06	Month 11/30/06	Month 12/31/06	Month 1/31/07	Month 02/28/07	Month 03/31/07
Cash.....	447,658	298,072	332,797	326,920	312,636	309,991	304,619
Accounts Receivable, Net.....	263,251	383,531	342,827	335,516	343,255	340,605	340,585
Inventory, at lower of cost or market.....	0	0	0	0	0	0	0
Prepaid expenses & deposits.....	0	0	0	0	0	0	0
Other _____	620,268	620,268	620,268	620,268	620,268	620,268	620,268
TOTAL CURRENT ASSETS.....	1,331,177	1,301,871	1,295,892	1,282,704	1,276,159	1,270,864	1,265,472
PROPERTY, PLANT & EQUIPMENT.....	254,993	254,993	254,993	254,993	254,993	254,993	254,993
Less Accumulated depreciation.....	0	0	0	0	0	0	0
NET PROPERTY, PLANT & EQUIPMENT.....	254,993	254,993	254,993	254,993	254,993	254,993	254,993
OTHER ASSETS							
Certificate of Need Cost _____	715,738	715,738	715,738	715,738	715,738	715,738	715,738
Workers Comp Deposit _____	94,435	94,435	94,435	94,435	94,435	94,435	94,435
TOTAL OTHER ASSETS.....	810,173	810,173	810,173	810,173	810,173	810,173	810,173
TOTAL ASSETS.....	2,396,343	2,367,037	2,361,058	2,347,870	2,341,325	2,336,030	2,330,638

If assets are carried at historical cost on debtor's accounting records and debtor elects to show them as such on the monthly reports, note the change above and include remarks on FORM 2-F (Narrative). All subsequent reports must then carry these assets at that value. Do not use historical cost one month and fair market value the next.

CASE NUMBER: 05-50095

COMPARATIVE BALANCE SHEET

**LIABILITIES:**

POST-PETITION LIABILITIES:

Taxes payable (Form 2-E, pg 1 of 3).....

Accounts payable (Form 2-E, pg 1 of 3).....

Other: \_\_\_\_\_ Intercompany Accts./Etc. \_\_\_\_\_

TOTAL POST-PETITION LIABILITIES.....

PRE-PETITION LIABILITIES:

Notes payable – secured.....

Priority debt.....

Unsecured debt.....

Other \_\_\_\_\_ Due Owner \_\_\_\_\_

TOTAL LIABILITIES.....

**EQUITY (DEFICIT)**

PREFERRED STOCK.....

COMMON STOCK.....

RETAINED EARNINGS:

Through filing date.....

Post Filing date.....

TOTAL EQUITY (NET WORTH).....

TOTAL LIABILITIES & EQUITY.....

| Month     |
|-----------|-----------|-----------|-----------|-----------|-----------|-----------|
| 9/30/06   | 10/31/06  | 11/30/06  | 12/31/06  | 1/31/2007 | 02/028/07 | 03/31/07  |
| 0         | 0         | 0         | 0         | 0         | 0         | 0         |
| 0         | 0         | 0         | 0         | 0         | 0         | 0         |
| 0         | 0         | 0         | 0         | 0         | 0         | 0         |
| 0         | 0         | 0         | 0         | 0         | 0         | 0         |
|           |           |           |           |           |           |           |
| 689,477   | 689,477   | 689,477   | 689,477   | 689,477   | 689,477   | 689,477   |
| 1,258,733 | 1,258,733 | 1,258,733 | 1,258,733 | 1,258,733 | 1,258,733 | 1,258,733 |
| 308,767   | 308,767   | 308,767   | 308,767   | 308,767   | 308,767   | 308,767   |
| 77,723    | 77,723    | 77,723    | 77,723    | 77,723    | 77,723    | 77,723    |
| 2,334,700 | 2,334,700 | 2,334,700 | 2,334,700 | 2,334,700 | 2,334,700 | 2,334,700 |
|           |           |           |           |           |           |           |
| 61,643    | 32,337    | 26,358    | 13,170    | 6,625     | 1,330     | (4,062)   |
|           |           |           |           |           |           |           |
| 61,643    | 32,337    | 26,358    | 13,170    | 6,625     | 1,330     | (4,062)   |
| 2,396,343 | 2,367,037 | 2,361,058 | 2,347,870 | 2,341,325 | 2,336,030 | 2,330,638 |

CASE NUMBER: \_\_\_\_\_ 05-50095 \_\_\_\_\_

## PROFIT AND LOSS STATEMENT

**SEE ATTACHED**NET REVENUE:.....COST OF GOODS SOLD:

Material.....

Labor - Direct.....

Manufacturing Overhead.....

TOTAL COST OF GOODS SOLD:.....GROSS PROFIT:.....OPERATING EXPENSES:

Selling and Marketing.....

General and administrative (rents, utilities, salaries, etc.)

Other \_\_\_\_\_

TOTAL OPERATING EXPENSES:.....INTREST EXPENSE:.....INCOME BEFORE DEPRECIATION OR TAXES:.....DEPRECIATION OR AMORTIZATION:.....EXTRA ORDINARY EXPENSES \*.....INCOME TAX EXPENSE (BENEFIT):.....NET INCOME (LOSS):.....

<b>Filing Date</b>	<b>Month</b>	<b>Month</b>	<b>Month</b>	<b>Month</b>	<b>Month</b>	<b>Month</b>
	10/31/06	11/30/06	12/31/06	1/31/07	02/28/07	3/31/07
<u>NET REVENUE</u> .....	0	0	0	0	0	0
<u>COST OF GOODS SOLD:</u>						
Material.....						
Labor - Direct.....						
Manufacturing Overhead.....						
<u>TOTAL COST OF GOODS SOLD:</u> .....	0	0	0	0	0	0
<u>GROSS PROFIT:</u> .....						
<u>OPERATING EXPENSES:</u>						
Selling and Marketing.....	0	0	0	0	0	0
General and administrative (rents, utilities, salaries, etc.)	29,306	5,979	13,188	6,545	5,295	5,392
Other _____						
<u>TOTAL OPERATING EXPENSES:</u> .....	29,306	5,979	13,188	6,545	5,295	5,392
<u>INTREST EXPENSE:</u> .....						
<u>INCOME BEFORE DEPRECIATION OR TAXES:</u> .....	(29,306)	(5,979)	(13,188)	(6,545)	(5,295)	(5,392)
<u>DEPRECIATION OR AMORTIZATION:</u> .....	0	0	0	0	0	0
<u>EXTRA ORDINARY EXPENSES *</u> .....						
<u>INCOME TAX EXPENSE (BENEFIT):</u> .....						
<u>NET INCOME (LOSS):</u> .....	(29,306)	(5,979)	(13,188)	(6,545)	(5,295)	(5,392)

\*Requires explanation in NARRATIVE (Form 2-B)

CASE NAME: Daleson Enterprises, LLC d/b/a Jones County Rest Home CASE NUMBER: 05-50095

**CASH RECEIPTS AND DISBURSEMENTS STATEMENT**

For Period March 1 to March 31, 2007

**Cash Reconciliation**

1. Beginning Cash Balance (Ending cash balance from last month's report)	<u>\$ 309,991</u>
2. Cash Receipts (total Cash Receipts from page 2 of all FORM 2-D's)	<u>\$ 520</u>
3. Cash Disbursements (total Cash Disbursements from page 3 of all FORM 2-D's)	<u>\$ 5,892</u>
4. Net Cash Flow	<u>\$ (5,372)</u>
5. Ending Cash Balance (to FORM 2-B)	<u>\$ 304,619</u>

**CASH SUMMARY – ENDING BALANCE**

	<u>Amount*</u>	<u>Financial Institution</u>
1. Real Estate Account	<u>\$ 0</u>	
2. Trust Account	<u>\$ 302,132</u>	Trustmark
3. Operating and/or Personal Account	<u>\$ 2,487</u>	Trustmark
4. Payroll Account	<u>\$</u>	Trustmark
5. Tax Account	<u>\$</u>	
6. Other Accounts (Specify checking or savings)	<u>\$</u>	
7. Cash Collateral Account	<u>\$</u>	
8. Petty Cash	<u>\$</u>	
<b>TOTAL (Must Agree with line 5 above)</b>	<b><u>\$ 304.619</u></b>	

\*These amounts should be equal to the previous month's balance for the account plus this month's receipts less this month's disbursements.

**ADJUSTED CASH DISBURSEMENTS**

Cash disbursements on Line 3 above less  
inter-account transfers and UST fees paid      \$ 5,392

\*NOTE: This amount should be used  
to determine UST quarterly fees due  
and agree with Form 2-D, page 2 of 4

FORM 2-D  
Page 1 of 4  
01/04

CASE NAME: Daleson Enterprises, LLC d/b/a Jones County Rest Home CASE NUMBER: 05-50095

**QUARTERLY FEE SUMMARY**

MONTH ENDED March 2007

Payment Date	Cash Disbursements *	Quarterly Fee Due	Check No.	Date
January	\$ 14,304			
February	\$ 5,295			
March	\$ 5.392			
Total 1 <sup>st</sup> Quarter	\$ 24,991	\$ 500		
April	\$			
May	\$			
June	\$			
Total 2 <sup>nd</sup> Quarter	\$	\$		
July	\$			
August	\$			
September	\$			
Total 3 <sup>rd</sup> Quarter	\$	\$		
October	\$			
November	\$			
December	\$			
Total 4 <sup>th</sup> Quarter	\$	\$		

**FEE SCHEDULE**

DISBURSEMENT CATEGORY	QUARTERLY FEE DUE
Less than \$15,000	\$250
\$15,000 - \$75,000	\$500
\$75,000 - \$150,000	\$750
\$150,000 - \$225,000	\$1,250
\$225,000 - \$300,000	\$1,500
\$300,000 - \$1,000,000	\$3,750
\$1,000,000 - \$2,000,000	\$5,000
\$2,000,000 - \$3,000,000	\$7,500
\$3,000,000 - \$5,000,000 and above	\$8,000
\$5,000,000 and above	\$10,000

Note that a minimum payment of \$250 is due each quarter even if no disbursements are made in the case during the period.

\* Note: should agree with "adjusted cash disbursements" at bottom of Form 2-D, Page 1 of 4. Disbursements are net of transfers to other debtor in possession bank accounts and net of payments of prior period quarterly fees.

Case Name: Daleson Enterprises d/b/a Jones  
County Rest Home

Case Number: 05-50095

### CASH RECEIPTS AND DISBURSEMENTS STATEMENT

(This form should be completed for each type of account listed on page 1 of Form 2-D that the debtor maintained during the month.)

For Period March 1 to March 31, 2007

Account Name: Jones County Rest Home Account Number: 480-009-6701  
Operating Account

#### CASH RECEIPTS JOURNAL

(attach additional sheets as necessary)

Date	Description (Source)	Amount
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SEE ATTACHED

Total Cash Receipts \$ 0

Case Name: Daleson Enterprises d/b/a Jones  
County Rest Home

Case Number: 05-50095

**CASH RECEIPTS AND DISBURSEMENTS STATEMENT**  
(This form should be completed for each type of account listed  
on page 1 of FORM 2-D that the debtor maintained during the month.)

For Period March 1 to March 31, 2007

Account Name: Jones County Rest Home Account Number: 480-009-6701  
Operating  
**CASH DISBURSEMENTS JOURNAL**  
(attach additional sheets as necessary)

Date	Check No.	Payee	Description (Purpose)*	Amount
------	-----------	-------	------------------------	--------

SEE ATTACHED

Total Cash Disbursements \$ 0

\*Identify any payments to professionals, owners, partners, shareholders,  
Officers, director or any insiders and all adequate protection payments  
Ordered by the court with an asterisk or highlighting. Any payments made  
as a result of a court order, should indicate the order date.

CASE NAME: Daleson Enterprises d/b/a Jones  
County Rest Home

CASE NUMBER: 05-50095

## **SUPPORTING SCHEDULES**

For Period March 1 to March 31, 2007

## POST-PETITION ACCOUNTS PAYABLE AGING REPORT

CASE NAME: Daleson Enterprises, LLC dba Jones Cty Rest Home CASE NUMBER: 05-50095

**NARRATIVE STATEMENT**

For Period March 1 to March 31, 2007

Please provide a brief description of the significant business and legal action by the debtor, its creditor or the court during the reporting period. Comments should include any change in bank accounts, explanation of extraordinary expenses, and purpose of any new post-petition financing. Comments should also include debtor's efforts during the month to rehabilitate the business and to develop a plan.

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Case Name: Daleson Enterprises d/b/a Jones  
County Rest Home

Case Number: 05-50095

**CASH RECEIPTS AND DISBURSEMENTS STATEMENT**

(This form should be completed for each type of account listed on page 1 of Form 2-D that the debtor maintained during the month.)

For Period March 1 to March 31, 2007

Account Name: JCRH Old Acct. Payable Account Number: 430-715-3379

**CASH RECEIPTS JOURNAL**

(attach additional sheets as necessary)

Date	Description (Source)	Amount
------	----------------------	--------

SEE ATTACHED

Total Cash Receipts      \$ 500

01/04

Case Name: Daleson Enterprises d/b/a Jones  
County Rest Home

Case Number: 05-50095

### **CASH RECEIPTS AND DISBURSEMENTS STATEMENT**

(This form should be completed for each type of account listed on page 1 of Form 2-D that the debtor maintained during the month.)

For Period March 1 to March 31, 2007

Account Name: JCRH New Accts. Payable Account Number: 480-009-6685

#### **CASH RECEIPTS JOURNAL**

(attach additional sheets as necessary)

Date	Description (Source)	Amount
------	----------------------	--------

SEE ATTACHED

Total Cash Receipts \$ 20

01/04

Case Name: Daleson Enterprises d/b/a Jones  
County Rest Home

Case Number: 05-50095

### **CASH RECEIPTS AND DISBURSEMENTS STATEMENT**

(This form should be completed for each type of account listed on page 1 of Form 2-D that the debtor maintained during the month.)

For Period March 1 to March 31, 20\_07

Account Name: JCRH Payroll Account Number: 480-009-6693

#### CASH RECEIPTS JOURNAL

(attach additional sheets as necessary)

<u>Date</u>	<u>Description (Source)</u>	<u>Amount</u>
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SEE ATTACHED

Total Cash Receipts \$0

Case Name: Daleson Enterprises d/b/a Jones  
County Rest Home

Case Number: 05-50095

### **CASH RECEIPTS AND DISBURSEMENTS STATEMENT**

(This form should be completed for each type of account listed on page 1 of Form 2-D that the debtor maintained during the month.)

For Period March 1 to March 31, 20\_07

Account Name: JCRH Resident Trust Account Number: 480-009-6719

#### **CASH RECEIPTS JOURNAL**

(attach additional sheets as necessary)

Date	Description (Source)	Amount
------	----------------------	--------

SEE ATTACHED

Total Cash Receipts                  \$ 0

01/04

Case Name: Daleson Enterprises d/b/a Jones  
County Rest Home

Case Number: 05-50095

**CASH RECEIPTS AND DISBURSEMENTS STATEMENT**

(This form should be completed for each type of account listed  
on page 1 of FORM 2-D that the debtor maintained during the month.)

For Period March 1 to March 31, 2007

Account Name: JCRH Old Acct. Pay Account Number: 430-715-3349

**CASH DISBURSEMENTS JOURNAL**  
(attach additional sheets as necessary)

<u>Date</u>	<u>Check No.</u>	<u>Payee</u>	<u>Description (Purpose)*</u>	<u>Amount</u>	.
-------------	------------------	--------------	-------------------------------	---------------	---

SEE ATTACHED

Total Cash Disbursements \$ 515

\*Identify any payments to professionals, owners, partners, shareholders,  
Officers, director or any insiders and all adequate protection payments  
Ordered by the court with an asterisk or highlighting. Any payments made  
as a result of a court order, should indicate the order date.

Case Name: Daleson Enterprises d/b/a Jones  
County Rest Home

Case Number: 05-50095

**CASH RECEIPTS AND DISBURSEMENTS STATEMENT**

(This form should be completed for each type of account listed  
on page 1 of FORM 2-D that the debtor maintained during the month.)

For Period March 1 to March 31, 2007

Account Name: JCRH New Acct. Payable Account Number: 480-009-6685

**CASH DISBURSEMENTS JOURNAL**  
(attach additional sheets as necessary)

<u>Date</u>	<u>Check No.</u>	<u>Payee</u>	<u>Description (Purpose)*</u>	<u>Amount</u>
-------------	------------------	--------------	-------------------------------	---------------

SEE ATTACHED

Total Cash Disbursements \$ 5,377

\*Identify any payments to professionals, owners, partners, shareholders,  
Officers, director or any insiders and all adequate protection payments  
Ordered by the court with an asterisk or highlighting. Any payments made  
as a result of a court order, should indicate the order date.

Case Name: Daleson Enterprises d/b/a Jones  
County Rest Home

Case Number: 05-50095

**CASH RECEIPTS AND DISBURSEMENTS STATEMENT**

(This form should be completed for each type of account listed  
on page 1 of FORM 2-D that the debtor maintained during the month.)

For Period March 1 to March 31, 2007

Account Name: JCRH Payroll Account Number: 480-009-6693

**CASH DISBURSEMENTS JOURNAL**  
(attach additional sheets as necessary)

<u>Date</u>	<u>Check No.</u>	<u>Payee</u>	<u>Description (Purpose)*</u>	<u>Amount</u>
-------------	------------------	--------------	-------------------------------	---------------

SEE ATTACHED

Total Cash Disbursements \$ 0

\*Identify any payments to professionals, owners, partners, shareholders,  
Officers, director or any insiders and all adequate protection payments  
Ordered by the court with an asterisk or highlighting. Any payments made  
as a result of a court order, should indicate the order date.

Case Name: Daleson Enterprises d/b/a Jones  
County Rest Home

Case Number: 05-50095

**CASH RECEIPTS AND DISBURSEMENTS STATEMENT**

(This form should be completed for each type of account listed  
on page 1 of FORM 2-D that the debtor maintained during the month.)

For Period March 1 to March 31, 2007

Account Name: JCRH Resident Trust Account Number: 480-009-6719

**CASH DISBURSEMENTS JOURNAL**  
(attach additional sheets as necessary)

Date	Check No.	Payee	Description (Purpose)*	Amount
------	-----------	-------	------------------------	--------

SEE ATTACHED

Total Cash Disbursements \$ 0

\*Identify any payments to professionals, owners, partners, shareholders,  
Officers, director or any insiders and all adequate protection payments  
Ordered by the court with an asterisk or highlighting. Any payments made  
as a result of a court order, should indicate the order date.

CASE NAME: Daleson Enterprises. LLC dba Jones Cty Rest CASE NUMBER: 05-50095  
Home

SUPPORTING SCHEDULES

For Period March 1 To March 31 2007

INSURANCE SCHEDULE

Type	Carrier/Agent	Coverage (\$)	Date of Expiration	Premium Paid
Workers' Compensation	MSHCA	\$100,000	1/1/06	NO
General Liability	CULIC	\$500,000	10/7/06	CANCELLED
Property (Fire, Theft)	Fox Everett	\$500,000	8/30/06	CANCELLED
Vehicle				
Other (list):				

- (1) Attach copy of certificate of insurance or declaration page of policy for any coverage renewed or replaced during the current reporting month.
- (2) For the premium paid column enter "yes" if payment of premium is current or "no" if premium payment is delinquent. If "no", explain on Form 2-F, Narrative.

3/1/2007 Through 3/31/2007

5/1/2007

Page 1

Date	Account	Num	Description	Memo	Category	Clr	Amount
	3/16/...AP NEW JCRHDEP		DEPOSIT			R	20.00
	TOTAL 3/1/2007 - 3/31/2007						20.00
					TOTAL INFLOWS		20.00
					TOTAL OUTFLOWS		0.00
					NET TOTAL		20.00

3/1/2007 Through 3/31/2007

5/1/2007

Page 1

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TOTAL INFLOWS 0.00

**TOTAL OUTFLOWS** -5,377.20

NET TOTAL -5,377.20

5/1/2007

Page 1

Date	Account	Num	Description	Memo	Category	Clr	Amount
3/26/...DO NOT U...			Transfer Money		[AP NEW J... R		500.00
TOTAL 3/1/2007 - 3/31/2007							500.00
			TOTAL INFLOWS				500.00
			TOTAL OUTFLOWS				0.00
			NET TOTAL				500.00

3/1/2007 Through 3/31/2007

5/1/2007	Date	Account	Num	Description	Memo	Category	Clr	Amount	Page 1
	3/19/...	DO NOT U...	DEBIT	ACH DEBIT M...			R	-109.59	
	3/19/...	DO NOT U...	DEBIT	ACH DEBIT T...			R	-298.39	
	3/20/...	DO NOT U...		Service Charge		Bank Charge	R	-106.70	
	TOTAL 3/1/2007 - 3/31/2007							-514.68	
						TOTAL INFLOWS		0.00	
						TOTAL OUTFLOWS		-514.68	
						NET TOTAL		-514.68	

AP NEW JCRH  
4/5/2007

Page 1

Reconciliation Summary

BANK STATEMENT -- CLEARED TRANSACTIONS:

Previous Balance:		308,750.86
Checks and Payments	5 Items	-5,377.20
Deposits and Other Credits	1 Item	20.00
Service Charge	0 Items	0.00
Interest Earned	0 Items	0.00
Ending Balance of Bank Statement:		303,393.66

YOUR RECORDS -- UNCLEARED TRANSACTIONS:

Cleared Balance:		303,393.66
Checks and Payments	11 Items	-9,980.49
Deposits and Other Credits	0 Items	0.00
Register Balance as of 3/31/2007:		293,413.17
Checks and Payments	0 Items	0.00
Deposits and Other Credits	0 Items	0.00
Register Ending Balance:		293,413.17

293,413.17  
- 111.59  
293,524.76

AP NEW JCRH  
4/5/2007

Page 2

Uncleared Transaction Detail up to 3/31/2007

Date	Num	Payee	Memo	Category	Clr	Amount
Uncleared Checks and Payments						
5/11/2005	2296	GARY D. THRASH		GARNISHMENT		-457.89
7/13/2005	2556	WILLIAM G. CLARK				-800.00
8/12/2005	2656	WILLIAM G. CLARK				-800.00
9/14/2005	2821	WILLIAM G. CLARK				-800.00
10/14/...	2962	WILLIAM G. CLARK				-800.00
11/15/...	3092	WILLIAM G. CLARK				-800.00
12/15/...	3180	WILLIAM G. CLARK				-800.00
1/10/2006	3235	WILLIAM G. CLARK				-800.00
2/15/2006	3280	JOHN D. MCCORMICK				-1,484.00
3/14/2007	3368	LARRY FORTENBERRY				-2,285.00
3/14/2007	3370	LARRY FORTENBERRY				-153.60
Total Uncleared Checks and Payments				11 Items		-9,980.49
Uncleared Deposits and Other Credits						
Total Uncleared Deposits and Other Credits				0 Items		0.00
Total Uncleared Transactions				11 Items		-9,980.49

**Trustmark**

National Bank

**Small Business Checking**

Page 1 of 4

**Statement Period**  
From 3/01/2007 To 3/31/2007

**Account Number**  
480-009-6685

*5 Images Included*

DALESON ENTERPRISE LLC DBA JONES COUNTY  
REST HOME ACCT PAYABLE DEBTOR IN  
POSSESSION CHAP 11 CASE NO 05-50095  
PO BOX 345  
SUMRALL MS 39482-0345

**Customer Service:**

1-800-248-2524 or 1-800-960-6000  
Automated Response - 24 hours per day  
Representative Mon - Fri 8am-8pm  
Sat 9am-7pm

MARCH

For questions or to receive a Trustmark Access  
Number for use with automated services, call  
during Representative hours and choose option 3.

**Website address:** [www.Trustmark.com](http://www.Trustmark.com)

**Summary**

Description	Transactions	Amount
Balance last statement		308,750.86
Deposits and other credits	1	+ 20.00
Checks and other withdrawals	5	- 5,377.20
Service charges		- .00
Balance this statement		\$303,393.66

*Note: Your lowest balance during this period was \$303,393.66, and it occurred on 3/27/2007*

**Deposits and Other Credits**

Date	Amount	Description
3/16	20.00	DEPOSIT

*Total of Deposits and Other Credits: \$20.00*

**Checks and Other Withdrawals****Checks Paid**

*Number of images included in this statement: 5*

Number	Date Paid	Amount	Number	Date Paid	Amount	Number	Date Paid	Amount
3359	3/27	2,285.00	3369 #	3/27	2,285.00	3371 #	3/27	153.60
3361 #	3/27	153.60						

**Trustmark**  
National BankStatement Period  
From 3/01/2007 To 3/31/2007Account Number  
480-009-6685**Checks and Other Withdrawals - continued****Checks Paid - continued**

Number of images included in this statement: 5

**Total of Checks Paid: \$5,377.20**

# Indicates a break in the check number sequence before this check.

⊕ Represents an unnumbered check or a non-check item.

**Daily Balance History**

Date	Balance	Date	Balance	Date	Balance
3/1	\$308,750.86	3/26	\$308,270.86	3/31	\$303,393.66
3/16	\$308,770.86	3/27	\$303,393.66		

\$310,000

\$0

03/01

03/31

**Your Balance this Period**  
— Balance**Check Images****Note:** The items below are true and correct copies of the original items which have been photographically reproduced by the bank.

3/26/07 481P1 Description of Charge DDA Debit

Transfer to 4307153349	500.00
Agnes County Rest Name	Norris
4800096685	0000050000
5800-200 1C	

Ck Ref 100217844 Pd 3/26 \$500.00

DALESON ENTERPRISES, LLC ACCOUNTS PAYABLE ACCOUNT 003361  
DALE JONES COUNTY REST HOME TRUSTMARK NATIONAL BANK  
DEBT IN POSSESSION HATTIESBURG, MS 39001  
CASE NO 05-00215-0001 86-27-983 01-13/2007  
MS COUNTY HOME RENT  
ELMWOOD, MS 39042

One Hundred Fifty Three & 60/100 Dollars	Account Number	Amount
LARRY RUSSELL		\$153.60

003361 10051002794 4800096685 0000000000 003361

Larry Fortenberry

Ck 3361 Ref 100217848 Pd 3/27 \$153.60

DALESON ENTERPRISES, LLC ACCOUNTS PAYABLE ACCOUNT 003359  
DALE JONES COUNTY REST HOME TRUSTMARK NATIONAL BANK  
DEBT IN POSSESSION HATTIESBURG, MS 39001  
CASE NO 05-00215-0001 86-27-983 01-13/2007  
MS COUNTY HOME RENT  
ELMWOOD, MS 39042

One Thousand Two Hundred Eighty Five & 50/100 Dollars	Account Number	Amount
LARRY RUSSELL		\$1285.00

003359 10051002794 4800096685 00000228500 003359

Larry Fortenberry

Ck 3359 Ref 100217847 Pd 3/27 \$2285.00

DALESON ENTERPRISES, LLC ACCOUNTS PAYABLE ACCOUNT 003369  
DALE JONES COUNTY REST HOME TRUSTMARK NATIONAL BANK  
DEBT IN POSSESSION HATTIESBURG, MS 39001  
CASE NO 05-00215-0001 86-27-983 01-13/2007  
MS COUNTY HOME RENT  
ELMWOOD, MS 39042

One Thousand Two Hundred Eighty Five & 50/100 Dollars	Account Number	Amount
LARRY RUSSELL		\$1285.00

003369 10051002794 4800096685 00000228500 003369

Larry Fortenberry

Ck 3369 Ref 100217844 Pd 3/27 \$2285.00

## **Small Business Checking**

Page 3 of 4



**Trustmark**

National Bank

**Statement Period**  
From 3/01/2007 To 3/31/2007

**Account Number**  
480-009-6685

### Check Images - continued

**Note:** The items below are true and correct copies of the original items which have been photographically reproduced by the bank.

DALESON ENTERPRISES, LLC		ACCOUNTS PAYABLE ACCOUNT	TRUSTMATE NATIONAL BANK	003371
DEA JENKINS COMPANY INC.			PATRIOTIC FDIC MEMBER FDIC	
GENERAL PURCHASES			817-4255	03-14-2007
CASH ADV TO SELLER				
GENERAL PURCHASES				
ELIZAVILLE, KY 40701				
<hr/>				
For Audited Data Please Call 1-800-444-7333				
LARRY RUSSELL:		ACCOUNT NUMBER	AMOUNT	
			\$153.00	
<i>Larry Fosterbury</i>				
FDC 53741 MO 53002750 PLACED ON 08/05/07		700000155001		

Ck 3371 Ref 100217843 Pd 3/27 \$153.60

## **Reconciliation**

This section is provided to help you balance your bank statement.

**Checks and  
Other Withdrawals  
outstanding -  
Not charged to account**

*Bank Balance  
Shown on  
this statement*      \$303.393.66

Add +

*Deposits not  
credited to this  
statement*

\$		

Total \$ |

**Subtract** -

### **Checks and**

*Balance =*      **59**

This balance should agree with your checkbook.

This balance should agree with your checkbook balance after deducting service charges and adding interest (if any) shown on this statement for previous month.



## **Customer News**

**Thank you for banking with us.**

**Small Business Checking**

Page 4 of 4

**Trustmark**  
National BankStatement Period  
From 3/01/2007 To 3/31/2007Account Number  
480-009-6685**ATM/debit card use outside the United States**

If you are traveling to a foreign country and intend to use your debit card, please notify us at 601-949-4462 or 800-844-2000 Ext. 4462.

**CONSUMER ACCOUNTS ONLY****In Case of Error or Questions About Your Electronic Transfer or Direct Deposit**

Write or telephone us as soon as you can, if you think your statement or receipt is wrong or if you need more information about a transfer or direct deposit listed on the statement or receipt. We must be notified by you no later than 60 days after we sent the first statement on which the problem or error appeared.

1. Tell us your name and account number.
2. Describe the error or the transfer you are unsure about, and explain as clearly as you can why you believe it is an error or why you need more information.
3. Tell us the dollar amount of the suspected error.

We will generally complete our investigation within 10 business days and correct any error promptly. In some cases, an investigation may take longer, but you will have the use of the funds in question after the 10 business days. If we ask you to put your complaint or questions in writing and we do not receive it within 10 business days, we may not credit your account during the investigation.

If we decide that there was no error, we will send you a written explanation within 3 business days after we finish our investigation. You may ask for copies of the documents that we used in our investigation.

For questions or problems relating to your Trustmark Express Card or any electronic fund transfer, call us at 1-601-561-6000 (in the Jackson, Mississippi area) or at 1-800-243-2524 (all other locations). If you prefer you may write us at the following address:

Trustmark National Bank  
Attn: Customer Contact Center  
P.O. Box 291  
Jackson, MS 39205-0291

PR NEW JCRH  
4/5/2007

Page 1

## Reconciliation Summary

## BANK STATEMENT -- CLEARED TRANSACTIONS:

Previous Balance:		3,635.84
Checks and Payments	0 Items	0.00
Deposits and Other Credits	11 Items	0.00
Service Charge	0 Items	0.00
Interest Earned	0 Items	0.00
Ending Balance of Bank Statement:		3,635.84

## YOUR RECORDS -- UNCLEARED TRANSACTIONS:

Cleared Balance:		3,635.84
Checks and Payments	2 Items	-1,148.61
Deposits and Other Credits	0 Items	0.00
Register Balance as of 3/31/2007:		2,487.23
Checks and Payments	0 Items	0.00
Deposits and Other Credits	0 Items	0.00
Register Ending Balance:		2,487.23

PR NEW JCRH  
4/5/2007

Page 2

Uncleared Transaction Detail up to 3/31/2007

Date	Num	Payee	Memo	Category	Clr	Amount
Uncleared Checks and Payments						
1/6/2006	4022	2021 Kendra Barnett				-387.57
1/6/2006	4032	1878 LINDSEY SAN...		Salary		-761.04
		Total Uncleared Checks and Payments		2 Items		-1,148.61
Uncleared Deposits and Other Credits						
		Total Uncleared Deposits and Other Credits		0 Items		0.00
		Total Uncleared Transactions		2 Items		-1,148.61



## Small Business Checking

Page 1 of 2

Statement Period  
From 3/01/2007 To 3/31/2007

Account Number  
480-009-6693

DALESON ENTERPRISE LLC DBA JONES COUNTY  
REST HOME PAYROLL ACCT DEBTOR IN  
POSSESSION CHAP 11 CASE NO 05-50095  
PO BOX 345  
SUMRALL MS 39482-0345

***Customer Service:***

1-800-246-2524 or 1-661-961-6000  
Automated Response 24 hours a day  
Representative Mon - Fri 8am-7pm  
Sat 9am-7pm

For questions or to receive a Trustmark Access  
Number for use with automated services, call  
during Representative hours and choose option .

**Website address:** [www.Trustmark.com](http://www.Trustmark.com)

MARCH



### Summary

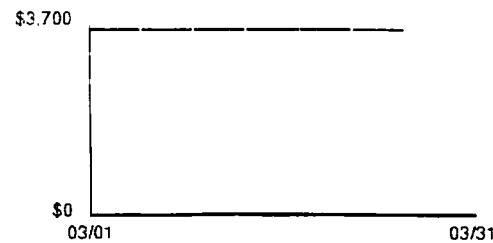
Description	Transactions	Amount
Balance last statement		3,635.84
Deposits and other credits	+ .00	
Checks and other withdrawals	- .00	
Service charges	- .00	
Balance this statement		\$3,635.84

*Note: Your lowest balance during this period was \$3,635.84, and it occurred on 3/1/2007*



### Daily Balance History

Date	Balance	Date	Balance
3/1	\$3,635.84	3/31	\$3,635.84



**Your Balance this Period**  
**Balance**



DO NOT USE JCRH AP  
4/5/2007

Page 1

## Reconciliation Summary

## BANK STATEMENT -- CLEARED TRANSACTIONS:

Previous Balance:		126.27
Checks and Payments	2 Items	-407.98
Deposits and Other Credits	1 Item	500.00
Service Charge	1 Item	-106.70
Interest Earned	0 Items	0.00
Ending Balance of Bank Statement:		111.59

## YOUR RECORDS -- UNCLEARED TRANSACTIONS:

Cleared Balance:		111.59
Checks and Payments	0 Items	0.00
Deposits and Other Credits	0 Items	0.00
Register Balance as of 3/31/2007:		111.59
Checks and Payments	0 Items	0.00
Deposits and Other Credits	0 Items	0.00
Register Ending Balance:		111.59

DO NOT USE JCRH AP

4/5/2007

Page 2

## Uncleared Transaction Detail up to 3/31/2007

Date	Num	Payee	Memo	Category	Clr	Amount
Uncleared Checks and Payments						
		Total Uncleared Checks and Payments		0 Items		0.00
Uncleared Deposits and Other Credits						
		Total Uncleared Deposits and Other Credits		0 Items		0.00
		Total Uncleared Transactions		0 Items		0.00

**Small Business Checking**

Page 1 of 3



National Bank

Statement Period  
From 3/01/2007 To 3/31/2007

Account Number  
430-715-3349

DALESON ENTERPRISE LLC DBA  
JONES COUNTY REST HOME  
ACCOUNTS PAYABLE  
PO BOX 345  
SUMRALL MS 39482-0345

**Customer Service:**

1-800-243-2504 or 1-800-961-6090  
Authorized Response - 24 hours day  
Representative: Mon-Fri 8am-8pm  
Sat 9am-1pm

MARCH

For questions, call to receive a Trustmark Access  
Number for use with automated services, dial  
during Representative hours and choose option 1.

Website address: [www.trustmark.com](http://www.trustmark.com)

**Summary**

Description	Transactions	Amount
Balance last statement		126.27
Deposits and other credits	1	+ 500.00
Checks and other withdrawals	2	- 407.98
Service charges	3	- 106.70
Balance this statement		\$111.59

Note: Your lowest balance during this period was \$377.71-, and it occurred on 3/19/2007.

**Deposits and Other Credits**

Date	Amount	Description
3/26	500.00	DEPOSIT

Total of Deposits and Other Credits: \$500.00

**Checks and Other Withdrawals**

2/29 5/12/33500  
Donna Zumwalt  
Equitable

**Other Electronic Transactions**

Date	Amount	Description
3/19	298.39	ACH DEBIT AXA EQUITABLE RDP INS. P PPD 22009572334903
3/19	109.59	ACH DEBIT METLIFE PAYMENT PPD 10000771914

Total of Other Electronic Transactions: \$407.98

Thank you for banking with us.



**Trustmark**  
National Bank

Post Office Box 291, Jackson, Mississippi 39205  
Document Page 37 of 38  
**Small Business Checking**

Page 2 of 3

Statement Period  
From 3/01/2007 To 3/31/2007

Account Number  
430-715-3349

Checks and Other Withdrawals - continued

**Service Charges**

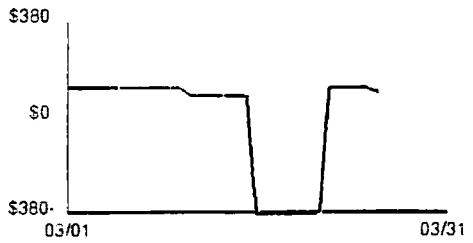
Date	Amount	Description
3/13	- 32.00	OD/NSF FEE NSF FEE
3/19	- 64.00	OD/NSF FEE OD FEE
3/31	- 10.70	MAINTENANCE FEE

Total of Service Charges: \$106.70



**Daily Balance History**

Date	Balance	Date	Balance	Date	Balance
3/1	\$126.27	3/19	\$377.71-	3/31	\$111.59
3/13	\$94.27	3/26	\$122.29		



Your Balance this Period  
— Balance

